FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person *  COFFMAN VANCE D |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol 3M CO [ MMM ] |                                                             |                                                                                                          |                                         |                                                |                                                                   |                     |                      |                                        | (Chec                                               | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     |                                                                   |                                                                          |                                                     |                   |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------|------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------|-------------------------------------------------------------------|---------------------|----------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|-------------------|
| (Last)                                                     | (First)                                                                                                                                      | (Mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ddle)                                      | 3. Dat 05/09 |                                                                  | Earliest T<br>17                                            | ransacti                                                                                                 | on (Mon                                 | th/Day                                         | //Year)                                                           |                     | Officer (g<br>below) | ive title                              | Other (s                                            |                                                                                                   |                                                                   |                                                                          |                                                     |                   |
| 1486 RIATA ROAD                                            |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |              | 4. If Amendment, Date of Original Filed (Month/Day/Year)         |                                                             |                                                                                                          |                                         |                                                |                                                                   |                     |                      |                                        |                                                     | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |                                                                   |                                                                          |                                                     |                   |
| (Street) PEBBLE BEAC                                       | СН СА                                                                                                                                        | 93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 953                                        |              |                                                                  |                                                             |                                                                                                          |                                         |                                                |                                                                   |                     |                      |                                        |                                                     | Form filed                                                                                        | d by Mor                                                          | e than O                                                                 | ne Reportii                                         | ng Person         |
| (City)                                                     | (State)                                                                                                                                      | (Zi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0)                                         |              |                                                                  |                                                             |                                                                                                          |                                         |                                                |                                                                   |                     |                      |                                        |                                                     |                                                                                                   |                                                                   |                                                                          |                                                     |                   |
|                                                            |                                                                                                                                              | Та                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ble I - No                                 | n-Deri       | ivativ                                                           | e Se                                                        | curitie                                                                                                  | s Acq                                   | uired,                                         | Disp                                                              | osed of,            | or E                 | Benefi                                 | cially Ov                                           | vned                                                                                              |                                                                   |                                                                          |                                                     |                   |
| 1. Title of Security (Instr. 3)                            |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. Transaction<br>Date<br>(Month/Day/Year) |              | r) E                                                             | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                                                                                          | 3.<br>Transaction<br>Code (Instr.<br>8) |                                                | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and |                     |                      | Securities Beneficially ( Following Re |                                                     | Owned eported                                                                                     | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) |                                                                          | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |                   |
|                                                            |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |              |                                                                  |                                                             |                                                                                                          |                                         | Code                                           | v                                                                 | Amount              |                      | A) or<br>D)                            | Price                                               | Transaction(                                                                                      |                                                                   |                                                                          | (                                                   | Instr. 4)         |
| Common Stock                                               |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 05/09/2017   |                                                                  |                                                             |                                                                                                          |                                         | A                                              |                                                                   | 7(1)                |                      | A                                      | \$0                                                 | 39,449                                                                                            |                                                                   | I                                                                        |                                                     | By<br>Corporation |
| Common Stock                                               |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 05/09/2017   |                                                                  |                                                             |                                                                                                          |                                         | A                                              |                                                                   | 1,032(2)            |                      | A                                      | \$0 40,481                                          |                                                                                                   | 1 <sup>(3)</sup>                                                  |                                                                          |                                                     | By<br>Corporation |
| Common Stock                                               |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |              |                                                                  |                                                             |                                                                                                          |                                         |                                                |                                                                   |                     |                      |                                        | 6,486(4)                                            |                                                                                                   | ) D                                                               |                                                                          |                                                     |                   |
|                                                            | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |              |                                                                  |                                                             |                                                                                                          |                                         |                                                |                                                                   |                     |                      |                                        |                                                     |                                                                                                   |                                                                   |                                                                          |                                                     |                   |
| Derivative<br>Security (Instr. 3)                          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security                                                                        | 3. Transaction Date (Month/Day/Year) 3A. Dee Execution if any (Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Month/Mon |                                            |              |                                                                  |                                                             | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |                                         | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y |                                                                   | ate Securities Unde |                      | derlying curity                        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numb<br>derivati<br>Securiti<br>Benefic<br>Owned<br>Followin<br>Reporte<br>Transac             | ve<br>es<br>ially<br>ng                                           | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)               |                   |
|                                                            |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |              | Code                                                             | v                                                           | (A)                                                                                                      | (D)                                     | Date<br>Exerci                                 | sable                                                             | Expiration<br>Date  | Title                |                                        | Amount<br>or<br>Number<br>of Shares                 | nount (Instr. 4)                                                                                  |                                                                   |                                                                          |                                                     |                   |

## **Explanation of Responses:**

- 1. This reported transaction reflects an increase in the Annual Cash Retainer portion of the non-employee director compensation, effective January 1, 2017, that was approved by the Board of Directors on May 9, 2017.
- 2. This non-employee director has elected to defer all or a portion of compensation otherwise payable in cash or stock to a common stock equivalents account under the terms of 3M's Compensation Plan for Non-employee Directors and has no voting or investment powers with respect to such account.
- 3. Includes acquisition of deferred dividend reinvestment shares pursuant to 3M's Compensation Plan for Non-Employee Directors.
- 4. Includes shares acquired pursuant to 3M's Dividend Reinvestment Plan.

/s/ Sheila B. Claugherty, attorneyin-fact for Vance Coffman

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.